

**REQUEST FOR MAILING ADDRESS CHANGE/THIRD PARTY MAILING
ADDRESS**

ACCOUNT NAME	PCID ACCOUNT #	GTS ACCOUNT #

PLEASE CHANGE MAILING ADDRESS

FROM:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

To:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

TO BE EFFECTIVE WITH GAS USAGE BEGINNING: _____

CUSTOMER SIGNATURE

TITLE

DATE

COLUMBIA GAS USE ONLY			
EFFECTIVE CYCLE	DIS	COMPLETED TNG	DATE COMPLETED